



## ELEVATOR / ESCALATOR ACCIDENT REPORT

*Personal information provided may be used for secondary purposes per Privacy Law s. 15.04 (1)(m)*

<b>Building Name</b>	<b>Building Owner</b>	<b>Regulated Object #</b>
<b>Site Address</b>	<b>More than first-aid required? Yes <input type="checkbox"/></b> <b>No <input type="checkbox"/></b> <i>if NO report is not required</i>	<b>Elevator Contractor</b>
<b>City, State, Zip</b>	<b>Was there a fatality? Yes <input type="checkbox"/> No <input type="checkbox"/></b> <i>if YES must be reported within 24 hours</i>	<b>Permit Expiration Date</b>

**Per SPS 318.1013 Accident reporting is required when any bodily injury requiring more than first-aid treatment occurs. In the event of an accident the owner or owner's agent shall:**

1. Remove the conveyance from service immediately – must remain out of service until authorized to be returned to operation by a Department of Safety and Professional Services elevator inspector
2. Notify the Department immediately
  - During normal business hours (608) 266-2112
  - After hours via Wisconsin Emergency Management (800) 943-0003
3. Notify elevator service contractor
4. Submit completed accident report to the DPS Elevator Program Section Chief by mail, via fax (608) 267-9273 or by email at [dspsbelevatortech@wi.gov](mailto:dspsbelevatortech@wi.gov)
  - Within 24 hours if there is a fatality
  - Within 48 hours if more than 1<sup>st</sup> aid required

<b>Name of Injured</b>	<b>Address</b>	<b>Date and Time of Accident</b>
<b>Telephone Number</b>	<b>City, State</b>	<b>Injury Sustained</b>

**Description of Accident:**

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<b>Witness (if applicable)</b>	<b>Witness Phone #</b>
<b>Person Filing Report (please print)</b>	<b>Phone #</b>
<b>Title</b>	<b>Company or Firm</b>
<b>Signature of Person Filing Report</b>	<b>Date</b>